NURSE MANAGERS EXPERIENCES OF THEIR LEADERSHIP ROLES IN A SPECIFIC MINING PRIMARY HEALTHCARE SERVICE IN THE WEST RAND

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Background: Nurse managers are leaders in mining primary healthcare. Their leadership roles include inspiring and empowering operational managers and nursing personnel, by leading with competence developing them to become followers with insight and direction. However, these leadership roles are not well defined, and are negatively influenced by the traditional mining leadership style.

Objectives: The aim of this study was to explore and describe the nurse managers experiences of their leadership roles in a specific mining primary healthcare service in the West Rand, in order to develop recommendations to enhance them.

Method: A qualitative, exploratory, descriptive and contextual research design was used in this study, following a phenomenological approach as a research method. A non-probability purposive sampling method was used. Nurse managers from a specific mining primary healthcare service described their experiences of leadership roles during individual phenomenological interviews. Data saturation was reached on participant 7 out of 10 participants who provided a consent. To analyse data, four stages of Giorgi's descriptive phenomenological data analysis was used. An independent coder coded the data and a consensus meeting was held. The study was guided by the theoretical framework of Winkler's role theory.

Results: the following themes emanated from data analysis: 1) nurse managers lacked clarity about their leadership roles. 2) leadership role ambiguity, 3) leadership roles experienced and d) experienced challenges on leadership roles.

Conclusion: This study revealed that the specifications and definition of leadership roles for nurse managers are not clear. Hence enhancements and expansions of these leadership roles remained stagnant.

Introduction

Leadership roles have been observed as the fundamental abilities for the nurse managers (NMs) in a mining Primary Healthcare (mPHC) service because it degenerates into arguments and conflicts from seeing things differently, leaning towards different solutions (Okoroji, Anyanwu & Ukpere, 2014:180; Liphadzi, Aigbavboa, Thwala, 2016:1). Jooste (2014:29) define leadership roles as the abilities to influence others in order to achieve shared organisational goals. It is an international mandate to have NMs as strong leadership role players in mPHC (MacPhee, Skelton-Green, Bouthillette & Suryaprakash, 2011: 160; Zydziunaite & Souminen, 2014:150).

The World Health Organisation's (2015:n.p.) sustainable development goal number three, affirms that NMs in PHC have a critical leadership role towards ensuring a healthy living and well-being for all citizens. Edward & Mbohwa (2013:125) reported that globalisation, economic downturn and other challenges facing nurse managers in mPHC in the 21st century, demand an evolutionary approach to leadership roles. This calls for nurse managers to explicitly understand their leadership roles, in order to lead with competence. The National Department of Heath Strategic Plan for Nursing Education, Training, and Practice (2011/12-2016/17:17) calls for strong leadership role players in all nursing domains, including PHC. However, there is no clear description of leadership roles in this nursing strategy document.

In a study in PHC, Jooste and Hamani (2016:15) alluded that clarification and recognition of nurse managers leadership roles by the management should be a strategic exercise. McCallin and Frankson (2010:219) corroborate this view by stating that nurse managers' roles have expanded in order for them to become leaders, and not just managers. Understanding of leadership roles of NMs in mPHC will help them to effectively perform their roles, and use power and authority appropriately (Jooste, 2014:35).

Hancock (2017:1) affirmed that NMs are key leadership roles agents expected to find common grounds to move mPHC forward, and need to remain others-centred instead of self-centred. Coetzee, Visagie & Ukpere (2014:831) emphasise that NMs leadership roles goes beyond just implementing changes that result in better performance, yielding up to guiding and motivating the followers in the direction of established organisational goals.

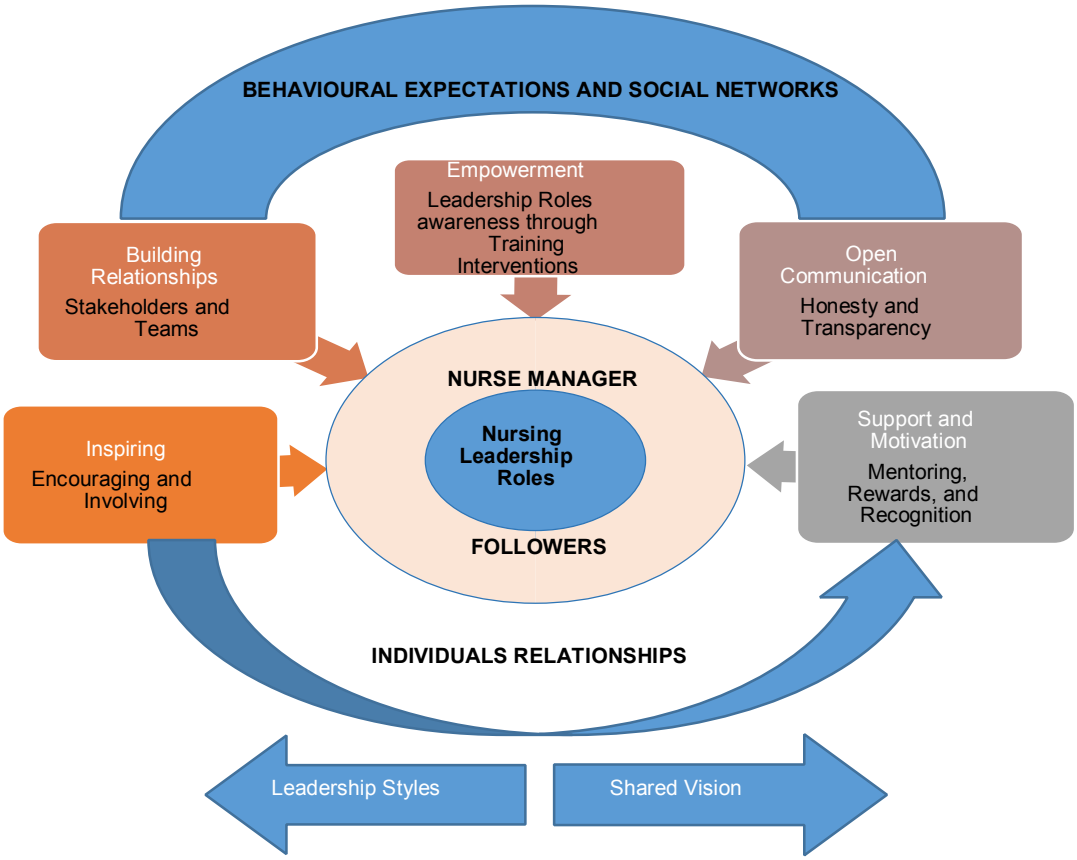
The understanding of NMs leadership roles in a mPHC will create an enabling and conducive environment harvesting the achievement of shared organisational goals. Clarifying these leadership roles will assist NMs to practice directionally and with insight. As much as there is extensive literature on leadership roles, but none of this literature is on mPHC. This suggests that leadership roles in mining could be transformed or enhanced through exploration and description, in order to improve employee engagement and commitment (Bezuidenhout & Schultz, 2013:2). It's against this background that the researcher seeked to explore and describe NMs experiences of their leadership roles in a specific mPHC service in the West Rand, in order to develop recommendations to enhance their leadership roles.

Problem Statement

NMs in a specific mPHC service demonstrated lack of understanding of their leadership roles, despite the leadership development programme afforded to them by the employer. They are unable to perform ideal leadership roles which is to effectively communicate the vision of the organisation, and transfer enthusiasm, they remaining task orientated being driven by a 'do what I say' management style (Jooste, 2014:243; and Pederson, 2015:1). They are inhibited from exercising their leadership autonomy oppressed by a strong union influence, losing their followers during leadership roles execution. Feather and Ebright (2013:64) confirmed this by alluding that, there seems to be a disconnection between the nursing personnel's experiences regarding their actual work issues and the nurse managers' leadership roles in mPHC.

Conceptual Framework

This study was guided by Winkler's leadership role theoretical framework (Neuberger 2002:n.p; and Winkler, 2010:75). A theoretical framework is a study structure used by the researcher to organise their study, and it provides a context in which the researcher examines a problem, gathers and analyses data (Brink, Van der Walt, and Van Rensburg, 2014:26). In this theoretical framework Neuberger (2002:n.p) and Winkler (2010:75) explained leadership roles using three components: individual as being permanently influenced by behavioural expectations, social networks and relationships the individual is embedded in, and leadership approach used by the individual. Figure 1. Below illustrates a conceptual framework of leadership roles which was adopted from Miller (2014:8), depicting the elements embedded from Winkler's theoretical framework (2010:75):



Adapted from Neuberger (2002:n.p); Winkler (2010:75) and Miller (2014:8)

Figure 2.1: Conceptual framework of nurse managers' leadership roles in a specific mining PHC service.

Individual as being permanently influenced by behavioural expectations, social networks and relationships the individual is embedded in, as mentioned in the theoretical framework (Neuberger, 2002:n.p; and Winkler, 2010:75), enables leaders to build their relationships, inspire and empower followers, have open communication with them and be able to support and motivate them (Miller, 2014:8). This explanation provided by Miller in the conceptual framework, was confirmed by the findings of this study. All elements illustrated in the conceptual framework became the findings and the recommendations made by the participants in this study.

Aim and Objectives of the study

The aim and objectives of this study is to explore and describe the NMs experiences of their leadership roles in a specific mPHC service in the West Rand; and to develop recommendations to enhance their leadership roles.

Research Design and Method

Research Design

A qualitative, exploratory, descriptive and contextual research design was used to explore and describe the nurse managers' experiences of their leadership roles in a specific mPHC service in the West Rand, to develop recommendations to enhance them. This design focuses on understanding rather than explanation, with naturalistic observation rather than controlled measurement, with subjective exploration of reality from the perspective of an insider, as opposed to that of an outsider (De Vos et al., 2016:308). It involves emerging questions and procedures, data typically collected in the participants' settings (Creswell, 2014:4).

Research Method

This research was conducted into two phases, following a phenomenological approach. A phenomenological approach is a philosophical method used to explore and describe an individual's experiences regarding a specific phenomenon (Ally, 2017:19). **Phase 1**

involved an exploration and description of nurse managers' experiences regarding their leadership roles in a specific mPHC service in the West Rand. In **Phase 2**, recommendations were derived from the Phase 1's findings, integrated with relevant literature.

Population and sampling

Nurse managers from the specific mPHC service were the population of this study, selected using a non-probability purposive sampling method. Creswell (2014:186) describes a population as participants that the researcher focuses on to establish the meaning that they ascribe to a problem and issue. Purposive sampling refers to the researcher's selected sampling of certain participants that will be included in the study to best assist the researcher in understanding the research problem and question (Burns, Grove, & Grey, 2013: 509; Creswell, 2014:189). In this study data was saturated after interviewing seven participants. Data saturation is reached at the stage where no new themes emerge, only redundancy of data already collected (Burns & Grove, 2011:317; Polit & Beck, 2013:286).

Data Collection

Data was collected from the NMs using the in-depth, phenomenological, individual interviews until data was saturated. The purpose of in-depth, phenomenological interviews was to explore and describe experiences of the participants, which are NMs regarding the phenomenon under study. Finlay (2014:121) asserted that this data collection method assists the researcher to understand the participants' experiences regarding the phenomenon. Data was collected by the researcher who is skilled in qualitative research, following interactive communication strategies. An appointment was made with the NMs to provide them with detailed information about the study so that they could decide as to whether or not they wished to participate. Voluntary informed consent forms for both interviews and audio-tape recording were signed by the participants.

The purpose of audio-taping was indicated to the NMs, which was to save collected data in order to ensure verbatim transcription and to facilitate data analysis. The interviews were conducted according to the time schedule provided by each participant. Field notes were collected during each interview to make full and accurate description of gestures and emotions expressed by the NMs. The following two open-ended research questions were posed to the participants: a) What are your experiences of your leadership roles in this specific mPHC service in the West Rand? b) What can be done to enhance your leadership roles in this specific mPHC service in the West Rand?. Data collection process was used to guide the interviews, following communication techniques such as clarification, probing, paraphrasing, reflecting, and bracketing. Interviews with the participants lasted approximately 30-45 minutes. The researcher stopped to collect data, when no new information yielded from the NMs, affirming saturation of data.

Data analysis

Data analysis was done using Giorgi's four stages of the phenomenological descriptive data analysis process, as cited by Holloway and Wheeler (2010:222-224). Recorded transcripts from the interviews were analysed and a central theme and three themes emanated. An independent coder with vast of expertise in phenomenological data analysis coded the data. The meeting to reach a consensus was held by the researcher and an independent coder.

Trustworthiness

Lincoln and Guba's criteria for establishing trustworthiness in qualitative research was used in this study, constituting the following four constructs: credibility; transferability; dependability; and confirmability (Polit & Beck 2013:584–597). The researcher ensured credibility through triangulation and prolonged engagement with the participants. In-depth individual phenomenological interviews, a pilot study, and capturing of field notes during each interview assisted the researcher to ensure that triangulation is achieved. Triangulation is the use of different data sources of information derived from examining evidence from the sources to build a coherent justification for themes (Creswell, 2014:201). Transferability was ensured by providing adequate dense descriptive data in

order to allow the prospective interested researchers to apply this study in other settings (Brink, et al., 2014:173). By providing a dense description of the context of the study, research methods and participants, the researcher ensured that the study is dependable (Polit & Beck, 2013:379). The researcher also reached the consensus with the independent coder regarding the findings of the study. Intensive literature review of national and international publications was used to substantiate and confirm the results of the study.

Ethical considerations

The following four ethical principles proposed by Dhai and McQuoid-Mason (2011:4-15) were applied in this study: autonomy, non-maleficence, beneficence, and justice. All participants provided an informed consent in writing to participate in the study, and had a freedom of withdrawing from the study, without any penalties being imposed to them, protecting them from discomfort and harm (Brink et al., 2014:35). The university of Johannesburg Higher degrees committee and Academic Ethics Committee, as well as the leadership of the organisation where the study was conducted provided the permission to continue with the study (Referenced: REC-01-73-2017). The benefits of the study were shared with the participants, which were the recommendations to enhance their experiences on leadership roles in their specific mPHC service. To achieve justice in this study, participant's rights of freedom of choice, expression, and access to information were considered and protected. Brink et al. (2014:36) assert that participants should be treated fairly, and that the researcher must respect any agreements that they have made with the participants.

Discussion

Seven NMs from a specific mPHC participated in this study. They are all registered with SANC as professional nurses and nurse administrators, with more than one-year experience in mPHC management and were of any age, race or gender.

The findings of the study revealed one central theme which is that: nurse managers lack clarity of their leadership roles. The findings were substantiated with relevant national

and international literature. Some of the findings are presented below as verbatim quotes in black italics and field notes are recorded in bold black. The central theme was collected into themes and subthemes as presented in table 1 below.

CENTRAL THEME: **Nurse managers lacked clarity regarding their leadership roles**	
Main theme	**Sub-themes**
1. Leadership role ambiguity	1.1 Confusion of leadership roles with managerial roles, clinical roles, and resource management.
2. Leadership roles experienced	2.1 Coordinator and facilitator of processes. 2.2 Stakeholder engagement and team support. 2.3 Empowerment of personnel.
3. Experienced challenges on leadership roles	3.1 Lack of effective communication. 3.2 Bureaucratic mining management processes. 3.3. Union influence.

Table 1: Nurse managers' experiences of their leadership roles in a specific mining PHC service in the West Rand.

Theme 1: Leadership role Ambiguity

From the results, all participants demonstrated leadership role ambiguity by confusing leadership roles with managerial and clinical roles, as well as resource management.

"We are all responsible for all the healthcare activities there".

In addition, participant 4 also mentioned that:
"That means all the activities that include health and health matters, we should be part of".

Udlis and Mancuso (2015:276) propose that role ambiguity in leadership arises when expected leadership roles and values are not known by the management. The participants described their daily activities as their leadership roles. Lack of expectations, requirements, methods, and leadership roles information in a situational

experience yields to confusion of leadership roles with clinical, managerial and resource management (Harijanto, Nimran, Sudiro, and Rahayu, 2013:100).

Subtheme1.1: Confusing Leadership Roles with Managerial Roles, Clinical Roles, and Resource Management

Jooste (2014:47) affirms that planning is the primary role of management, and not a leadership role. The experience of confusion between leadership and managerial roles varies widely, reflecting the rigidity or inflexibility of job-related expectations, including goals' implementation (Gaunter & Hansman, 2017:118).

Mentioning managerial role as a leadership role, one participant lamented that:

"[The] leadership role is more to do with management". ***Folding arms.***

Management and leadership roles are two distinct aspects with different characteristics, traits, and systems (Mabelebele, 2013:n.p; and Gumbo, 2017:3). Nurse managers' leadership roles is to use their energy to inspire people to be creative problem-solvers (Liphadzi, Aigbavboa, and Thwala, 2017:479).

A nurse manager's managerial role is to plan, organise, direct, and control, while a leadership role is to inspire the followers, in order to achieve organisational goals as defined in the organisation's strategic plan. These two should not be confused, but can be integrated to achieve optimal results.

Participant 2 and 4 reported that:

"Another leadership role for me is management of the followers, which is managing my staff". ***Folding arms.***

"It covers all the aspects that you can think of in a setting, in a clinic – stock, everything, the tools that you use to collect data". ***Smiling.***

Jooste (2014:285) alluded that nurse managers' leadership roles include motivating and encouraging their followers in their daily activities. Skeepers and Mbohwa (2015:n.p) articulated that PHC NMs demonstrate their resource management roles by ensuring that stock, equipment and other resources are distributed and managed accordingly.

Participant 5 stated his leadership role as a clinical role:
"My main role is a clinical role, which is assessment, treatment and care".

Bender (2016:13) reports that the clinical role in PHC only focuses on enabling the opportunity to transform the care environment at the point of practice and does not cover leadership roles. Nicol (2012:63) adds that clinical roles are concerned with the mind, and routine, while leadership roles involve the capacity to align people to a common set of goals.

NMs in mPHC service considered the management of equipment and material as one of their leadership roles. The leadership role is to lead and coordinate the process of managing material and equipment resources to ensure that all resources required to deliver quality PHC are available.

Theme 2: Leadership roles experienced

In this study, the participants have experienced some of leadership roles during their practice. These leadership roles were described by the participants as: being coordinators and facilitators of processes, engaging with stakeholders, supporting their teams, and empowering personnel.

Participant 3 stated that:
"You are going to do the facilitation of stakeholders who are also in the company, and empowerment is one of my leadership roles". ***Laughing.***

"You support and advise accordingly".

And Participant 2 added that:
"Another stakeholder is [the] National Department of Mineral Resources as our main regulator, that is my engagement role in this position".

Chang, Lin, Chen, and Ho (2017:916) attest that it is NMs leadership role to provide support to staff during the process of coordination and facilitation. Jooste (2014:359) affirmed that PHC NMs are mandated to create an empowering environment in which followers are motivated and encouraged to learn and perform to their full potential.

There have been explicit calls for relevant stakeholder engagement from a global level to a national level to make scientific knowledge relevant and usable in the leadership field (Esguerra, Beck, and Lidskog ,2017:59).

To coordinate and facilitate processes in this mPHC service is one of the experiences of NMs on leadership roles.

Subtheme: 2.1 Coordinator and facilitator of processes.
Coordination of activities is essential for nurse managers in a mPHC setting, because it allows them to facilitate multiple interdependent tasks routinely performed by different team members (Bogdanovic, Perry, Guggenheim, & Manser, 2015:2).

Participant 2 and 3 alluded that:
"The role of the manager is to coordinate all this so that we can give comprehensive healthcare to this individual". **Smiling.**

"Ja, that is the main role of NSM, to coordinate and facilitate the activities of all the teams".

Askerud and Conder (2017:424) articulated that Leadership in mPHC is expected to collaborate and coordinate the PHC processes, including facilitation of information to promote the quality and efficacy of required patient care. Coordination and facilitation of processes among team members in a mPHC service is hard to observe, without active

involvement of NMs in all teams activities (Chang et al. 2017:926; and Jooste, 2014:348). Coordination and facilitation of processes requires nurse managers who are self-driven, enthusiastic, and self-starters.

Subtheme 2.2: Stakeholder engagement and team support.

The participants verbalised that one of their leadership roles is stakeholder engagement and team support, as affirmed by the following statements:

"We call it stakeholder engagement. We engage with almost weekly or daily with different stakeholders".
"The team that is working on the ground is supported to understand the systems that we are using in the company".

Esguerra et al. (2017:62) report that engagement of different and relevant stakeholders in mPHC is a critical leadership role in a mining PHC service. Dyess, Sherman, Pratt & Chiang-Hanisko (2016:10) claim that NMs expect to be supported by the mining health management so that they are able to also support their followers, executing their leadership roles effectively.

Subtheme 2.3: Empowerment of personnel.

Participants indicated that they are expected to empower their personnel to ensure that activities are well executed in this mPHC. This is affirmed by the following quotations:

"It start[s] from training, that means we need to empower people from the lower ranks as they grow up".
"You include even development, because you still need to develop people". ***Using both hands to explain.***
Participant 5 also added that:
"Training is very key, and one need[s] to be very strong and understand the vision of the company".

In their PHC study, Jooste and Ntamane (2014:227) attest that nurse managers have the leadership role of creating an empowered nursing profession that supports the successful practice of existing and future generations of followers in a mPHC service. By providing nursing personnel with development opportunities to strengthen their independence, NMs in mPHC are effectively exercising their empowerment and autonomy leadership roles (Peiter, De Melo Lanzoni, and De Oliveira, 2016:821).

Kirk (2013:33) further stated that nurse managers are expected to ensure that all ranks of nurses in a mPHC service are empowered, and supported in their effort to gain new knowledge.

Theme 3: Experienced challenges on leadership roles

Participants reported that they experienced challenges regarding their leadership roles. These challenges were discussed as: lack of effective communication, bureaucratic mining management, and union influence.

The following quotations are confirming what was alluded by the participants:

"There is always a problem with communication".

"And I must make sure that they comply to whatever company policy".

And another participant stated that:

"A challenge is when the union is saying, 'I don't agree with one, two, three, four, five'".

There is a lack of effective communication in mPHC services that nurse managers are expected to resolve through dynamic and continuous interactions amongst themselves and other stakeholders (Woodward, More, & Van Der Heyden, 2016:20). Lawlis, Knox, and Jamison, (2016:397) state that nurse managers push their followers to comply with the company's policies, even if they are aware that the policy doesn't address the status quo. Labour unions in mPHC challenge NMs during their leadership roles execution, questioning the working conditions of peripheral mine workers (Dorigatti, 2017:938).

Subtheme 3.1: Lack of effective communication

Participants mentioned that they experienced a communication problem during their process of communication, and this yield to a gap affecting the PHC service delivery. This is affirmed by the following statements made by the participants:

"I think a bit of gap that we have at this stage, I think it's communication". ***Using both hands to explain.***

"And then the person that you report to didn't disclose everything, so you [are] always lagging with communication at primary healthcare".

Napier, Parrott, Presley, and Valley (2018:120) report that failure to recognise the communication gap in a mining PHC setting is a serious leadership role challenge, which results in personnel frustration. Price-Down (2018:171) affirmed that PHC NMs cannot execute their leadership roles efficiently without excellent communication.

Napier et al., (2018:134) and Dobbs (2016:30) propose that transparent leaders disclose critical information to their followers as early as possible to build and promote trust, eliminating communication challenges. Woodward et al., (2016:42) confirm that transparent leadership that discloses information encourages employees to be expressive and to become active listeners, which minimises communication challenges. Effective communication is a critical domain that needs to be well facilitated from strategic to operational management in the mPHC service to ensure that clients are receiving the quality care they deserve.

Subtheme 3.2: Bureaucratic mining management

Participants mentioned that they experienced bureaucracy from the mining management, and this was challenging their leadership roles execution.

Participant 4 confirmed this by saying:

"We are expected to implement without taking into consideration, the constraints, the frustrations, the practicalities of all of that"

Participant 3 added that:
"they just sit on the strategic level making strategic decisions".

Crossler, Long, Loraas, and Trinkle (2017:50); and Obolonsky (2017:587) asserted that the biggest leadership challenge is that nurse managers are expected to function within bureaucratic organisational rules and this lead to frustrations. Hemel (2014 n.p) claims that bureaucracy forces nurse managers to operate according to decisions that are taken at strategic level, making it impossible for them to deal with operational challenges affecting their leadership roles.
Participant 5 reported that:

"The policy must inform our health model, not the model to inform the policy. There are some changes in policies that you need to amend".

Zhang, Giabbanelli, Arah, and Zimmerman (2014:1217) state that the operating health model (OHM) in a mPHC service should provide all role players with opportunities to make decisions that assess the impact of policies. Peltzer, Ford, Shen, Fischgrund, Teel, Pierce, Jamison, and Waldon (2015:121) claim that providing nurse managers in a mining PHC service with opportunities to influence policies ensures that policies are relevant and aligned to the OHM.

Subtheme 3.3: Union influence

Unions are playing a critical role in the mPHC service, representing their vulnerable members, protecting their rights, and promoting their members' interests. NMs alluded that the union influence is too strong, and it is challenging their leadership roles.
This is affirmed by the following quotations from the NMs:

"Ja, it becomes a challenge, I think because we also working with a highly unionised environment".
"Another challenging stakeholder [is] organised labour; they are our internal stakeholders". ***Crossing legs.***

Wohlgemuth (2017:57) states that management considers unions as a challenge in a highly unionised environment such as mPHC. Lane and Perozzi (2014:35) agree that unions are perceived as a problem by organisations' leadership.
Organised labour only focuses on the employees' interests, which might be challenging for the NMs in mPHC, because their leadership roles are driven by the skills, quality and team competency (Spehar, Sjovik, Karevold, Rosvold, and Frich, 2017:110).

Limitations

As this was a qualitative and contextual study, only the NMs experiences regarding their leadership roles in a specific mPHC service in the West Rand were described, therefore the findings cannot be generalised to the entire mining PHC industry.

Recommendations

From the results of this study which were provided as theme 1, 2, and 3, the recommendations on nursing practice and policy, nursing education and research were made.

Nursing practice and policy

The development of a clearly defined policy on nurse managers' leadership roles in a mPHC service was recommended. Muller, Bezuidenhout and Jooste (2011:227) affirmed that clarity of leadership roles assists in understanding the management framework of the organisation. Creation of an environment that is conducive to open and honest communication regarding nurse managers' leadership roles in a mPHC service. Developing a good working relationship with the unions to collectively deal with leadership role challenges experienced by NMs. Fortunato, Gigliotti, and Rubben (2017:200) concluded that NMs should focus on the development of and maintenance of strong relationship with unions, so that they are able to collectively predict, recognise, detect, and address challenges that may rise to crisis levels.

Nursing Research

The study on the leadership role experiences should be extended to the nurse managers in public PHC clinics, public hospitals, and private hospitals. Research on the same phenomenon should be performed in other mPHC service around the country. A quantitative study on the similar topic should be done to increase the available literature on NMs experiences regarding their leadership roles in a mPHC service.

Nursing Education

This study can be used as an empowerment tool for nurse managers in their leadership roles, and to facilitate the continuing professional development on leadership roles of NMs. Jooste and Ntamane (2014:227) point out that NMs have the leadership role of creating an empowered nursing profession that supports the successful practice of existing and future generations of followers in a mPHC service. The findings of this study can be integrated with the nursing management curriculum and NMs development programmes.

Conclusion

This study revealed that the specifications and definition of leadership roles for nurse managers are not clear. Hence enhancements and expansions of these leadership roles remained stagnant. This will enable the participants to address their experiences of leadership role ambiguity, and leadership challenges. The experienced leadership roles will be enhanced and expanded as well.

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Conflict of interest

The authors of this study declares that there was no conflict of interest, personal or financial interests that may have negatively influenced them to write this paper.

Authors contributions

Sanele E. Nene from University of Johannesburg wrote this paper under a supervision and co-supervision of H. Ally and E.M Nkosi, both from University of Johannesburg.

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